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ABSTRACT

An Illinois elementary school district concerned about unnecessary referrals for possible special education designed and piloted a regular education assistance team system which brought about greater regular teacher collaboration and increased accuracy in referral for case study evaluation. The building level teams consisted of regular education teachers who provided support for regular teachers with problem students and prevention of unnecessary referrals. The pilot system in one school over a 6-month period handled 12 cases in an average of 3.17 months, of which only 2 were referred to special education services. Program strengths included non-threatening support for teachers, especially first year teachers, and clarification of service needs, while the major drawback was teacher time factors. Referral patterns included 67% males, 80% from the primary grades, and a high proportion of cases from dysfunctional families. The team functioned more as a support for teachers than as an indirect change agent for students. Program forms are appended. (Includes seven references.) (DB)

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Prereferral Collaboration Helps Ensure that only Students with Exceptionalities are Referred for Case Study Evaluation

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Running Head: PREREFERRAL COLLABORATION

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Abstract

An elementary school district concerned about unnecessary referrals designed and piloted a regular education teacher assistance team system which brought about greater regular teacher collaboration and increased accuracy in referral for case study evaluation. Procedures for designing, establishing, and evaluating the teams are described. Patterns of referral are discussed as well as implications for future practice.

Prereferral Collaboration Helps Ensure that Students with Exceptionalities are Referred for Case Study Evaluation

A common problem in school districts is frivolous referral for case study evaluation (CSE) of low functioning students. The negative effect of such referrals on the district, the students, and the parents can be overcome by the use of regular education prereferral teams wherein intervention strategies are developed, implemented, and evaluated. As a result only students who clearly cannot be assisted in the mainstream are referred for CSE (Chalfant, Pysch, & Moultrie, 1979; Graden, Casey, & Christenson, 1985; Hayek, 1987; Will, 1986).

Administrators in a six building suburban elementary school district near Chicago, IL decided to institute a prereferral system in each building, using regular education teams to whom regular teachers may refer student problems. Brainstorming was employed to develop a list of teaching and behavior management strategies from which the referring teacher could select one or two to implement. Based on the Teacher Assistant Team (TAT) model developed by Chalfant, Pysch & Moultrie (1979), the teams are called REI (Regular Education Initiative) teams.

The objectives of the district-wide REI team program were:

1. To assist regular teachers in each building to meet the learning needs of children with learning and behavior

problems by pooling the creative problem solving skills of a team of regular education faculty.

2. To create a nonthreatening support system for regular teachers with problem students.
3. To identify non-special education service needs for students with learning and behavior problems.
4. To ensure that referrals for case study evaluation are limited to students whose needs can not be met by regular education.
5. To free special education teachers from having to consult for cases other than mainstreamed special education cases.

Establishment of the Teams

Responsibility for establishment of the system was assigned to the Director of Special Services who operated under a belief system supported by the literature, i.e. that the establishment of the prereferral system of intervention requires support from the governing board of education, central administration, and attendance center principals. Careful planning at each level leads to understanding of the purpose and a willingness to participate. It is important that staff recognize the commitment at each level. Their sense of dedication to the process will be greatly enhanced if they understand that those in charge of the school operations are willing to support and integrate these

activities as an important aspect of on-going system activities.

There are at least two methods of demonstrating support for a prereferral system of intervention. First, process training must be provided. Summer staff development, team meetings with administration, workshops, and consultants are but a few ways to facilitate understanding and knowledge of the prereferral process. Second, administration must provide a time commitment. Staff development days, early dismissal, substitutes, release from supervisory duties, and overtime clearly demonstrate management sincerity and dedication to the process.

A clearly defined and effective prereferral system of intervention is clearly a part both of the special education and the regular education processes. It is also a means of promoting collegiality, teacher support, and professional skills development. It can help to bridge the well known gap between regular and special education (Chalfant, Pysch, & Moultrie, 1979; Hayek, 1987).

Implementation of the Teams

A pilot implementation of the REI team system was carried out in one elementary building. The team members and the chair were selected by the principal on the following bases. They were perceived by the building faculty as credible, professional, and non-judgemental. They had strong interpersonal skills and the ability to work collaboratively with a diverse faculty on both

behavior and academic problems. Training in collaborative problem solving was provided at a week-long summer workshop.

The purpose and the credibility of the team was established during weekly staff meetings at the beginning of the school year. Referral forms with instructions on how to use them were distributed. During the pilot, meetings were held before school without compensation.

Problem

Because prereferral was being looked to both as a solution for school failure and to avoid over-referral to special education, it was clear to the district that the system should be evaluated against its objectives. Since such a system is very time consuming it was important to know whether the time and effort was worthwhile. Although Chalfant, Pysch, and Moultrie (1979) recommend that activities of the team should be evaluated every year, no evaluation system is suggested. A search of the literature also failed to identify a means of evaluation.

Design

Since an ongoing school district-university professor partnership already existed, the problem of designing an evaluation became the role of the university professor who developed system consisting of four forms that were revised in collaboration with the district (see appendix). These were to be applied for a pilot and for the first two semesters of operation

after implementation in the other buildings, to be followed by a greatly simplified ongoing evaluation process in the second year of operation.

The set of four forms dealt respectively with 1) how each case was configured, 2) a summary characterization of all cases handled in a building during a given period of time, 3) how the team was configured, and 4) how the experience was viewed by the team members and users. Form four information was to be obtained by interviews by an outsider (in this case the university professor), while forms 1, 2, and 3 were filled out by team members.

A pilot of the system was carried out in one building for one semester and rendered the following data:

Summary of Data

Period of time: 1/10/90 to 6/3/90

Number of cases handled:		12
Type of problems addressed:	Behavior	6
	Academic	9
	Organization and Structuring	1
Cases were individual students referred by regular classroom teachers		12
Patterns of referral:	Boys	9
	Girls	3
	Primary	10
	Intermediate	2
	From dysfunctional families	10
	From nondysfunctional families	2

Average time between initial referral and completion of case: 3.17 mos Range: 2 mos to 4 mos.

An intervention plan was collaboratively developed and implemented for each case.

Cases wherein a team member was involved in implementation: (Social worker served on team and was involved)	1
In how many cases was student performance improved?	10
In how many cases did the referring teachers view the experience positively?	12
In how many cases did the referring teacher feel professionally developed/supported?	12
In how many cases was the referring teacher's moral positively affected?	12
How many cases were referred for Case Study Evaluation?	2
How many referred were eligible for special education services?	2
How many students receive special services other than special education as a result of referral to the team? (received counseling)	1

Strengths of the prereferral system:

non-threatening support and encouragement
outpouring of useful ideas-teacher gets something concrete to try
clarifies service needs
good support for first year teachers
experience of all present is combined

Nonstrengths:

Time involved for team members: average of 3 hours per week
Hard to schedule observation when teacher requests it
Short time for meetings

Suggestions:

Invite parents to take part
Cut down on need for meetings by providing Project PRIDE (computer software package that lists ideas)
Provision should be made for team members to be able to assist with observations in classroom when requested

Results

The evaluation design effectively measured the outcome against the stated objectives.

Teachers who used the system felt they were assisted in identifying problems and making adjustments. They unanimously and strongly felt supported in a non-threatening way. Non-special education service needs were identified and supplied. Out of the 12 cases served, only two were referred for case study evaluation, and both turned out to be true special education cases. Special education teachers did not need to take part in the prereferral activities.

The data revealed patterns of referral. Sixty seven percent of the cases were boys, 80% were from the primary grades. Thirty three percent of the cases involved both academic and behavior problems. While none of the above results were surprising, one result was unanticipated. Two out of ten, or 80% of the cases, were from dysfunctional families according to team members.

Forty four percent of the teachers in the pilot building used the prereferral service in its second semester. Following the pilot, referral substantially increased.

All four forms rendered the desired information; however, some ambiguities were revealed in wording and those questions were subsequently clarified.

Discussion

A preferral system can be evaluated by use of the approach presented herein. Because of the number of forms involved, one member of the team other than the chair should be responsible for filling out forms 1, 2, and 3. Form 4, interviews, should continue to be filled out by someone not on the building faculty and preferably from outside the district.

Although in each case some improvement was made and the teachers felt very supported, the progress was not sufficient to effect a "cure." Parent involvement on the team might increase the amount of improvement although parents were kept informed throughout the intervention by telephone. The team found that it functioned in the first semester more as a support for teachers than as an indirect change agent for students. All cases that were referred for Case Study Evaluation were accepted into special education.

Whether the high proportion of cases from dysfunctional families is typical of the school district was investigated following implementations in all six buildings. A clear criterion

for identification of a dysfunctional family was provided (see Figure 5). Thirty percent of all cases across the district were found to be from dysfunctional families.

Why 80% of the referrals were from the primary department is also of interest. Teachers who were interviewed attributed that phenonomen to the belief on the part of primary department teachers that changes in students are more likely to occur at the earlier grade levels. This pattern is worthy of further investigation. After the first semester of implementation across the district the pattern remained the same.

Implications

Many prereferral systems are being developed in school districts across the nation (Hayek, 1987). Certainly no system can be considered effective if there are not clear objectives and an evaluation component (Tuckman, 1985).

The evaluation system designed for this district should be usable in any district using a prereferral team approach provided that the questions are revised to fit the objectives of that system.

Whether most referrals are from the primary level should be of interest to evaluators as well as whether a high proportion of cases referred are from dysfunctional families. If 30% of cases continue to represent dysfunctional families, then social work/ psychologist services seem needed outside of special education to assist those children.

We strongly recommend teacher assistance teams for school districts as an important part of their repertoire in meeting the needs of all children and teachers but, since they are very time consuming, periodic evaluation should be carried out to ensure effectiveness. It may be necessary to supplement with other forms of preferral activities such as a computer system that generates intervention ideas (Project RIDE, 1989).

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Figure 1

Prereferral Form 1: Establishment of the team

1. Date team became operational. _____

2. # of members named to the team. _____

3. Composition of members. (No names, please) _____
   Grade level, special or reg. ed., support

   _____
   personnel, sex, principal or other administrator, other (specify)

4. How selected? _____

   _____

5. Did team members have specific responsibilities? _____
   Y, N

6. If so, what were they? _____
   Facilitator, coordinator, recorder, data collector,

   _____
   other (specify)

7. How frequently did the team meet? _____

8. When did the team meet? _____

9. How was the team convened? _____

   _____

10. Do all team members meet for all problems? _____
    Y, N

11. If not, how is the team membership determined for a specific case? _____

    _____

    _____

12. Were members compensated for time spent on team work? _____ If yes,
    Y, N

    a. how were they compensated? _____

Figure 2

Prereferral Form 3: Fill out for each case

For each case presented:

Case #_____

a. Was a plan developed collaboratively by the consultee and the team?

_____
Y, N

b. If no, explain why. _____

_____

c. Was case refused? _____
Y, N

d. If yes, explain why. _____

_____

e. Was the plan implemented? _____
Y, N

f. Team member(s) involved in implementation? _____
Y, N

g. If yes, in what way involved? _____

_____

h. Was student performance improved? _____
Y, N

i. If yes, in what way(s) improved? _____

_____

_____

j. Time between initial referral and completion of the case including implementation and evaluation _____

Figure 2 continued

k. Was the experience viewed positively by those involved? (To be answered by appropriate participants)

1. referring teacher _____
Y, N

2. team members Comments

x _____ _____

x _____ _____

x _____ _____

x _____ _____

3. student(s)

x _____ _____

x _____ _____

4. parents _____ _____

5. others (specify role) _____

x _____ _____

x _____ _____

x _____ _____

l. Did referring teacher feel professionally developed by the experience?

_____
Y, N

m. If yes, in what way developed? _____

_____

_____

_____

n. Was referring teacher's morale positively affected? _____
Y, N

Comments:

Figure 3

Preferral Form 2: Cases handled by the team

1. Building: _____

2. Period of time: _____

3. How many cases were handled by the team? _____

4. What categories of cases were presented and how many in each category?

   _____

   behavior, academic, individuals, groups, whole class, bus, lunchroom,

   _____

   recess, social, other (specify).

   _____

   _____

   _____

   _____

5. Patterns of referral: _____

   mainly boys, mainly girls, K, primary, intermediate

   _____

   jr. high, behavior, academic, at risk, suspected special ed. needs,

   _____

   dysfunctional family, other (specify)

   _____

   _____

   _____

   _____

Figure 4

Preferral Form 4: Perceptions of how team is functioning

Interviewer: _____

Role of Interviewee: (No names please, but identify by code) _____

_____

Character of interactions: _____

_____

_____

_____

Strengths of the prereferral team system: _____

_____

_____

_____

_____

Non-strengths of the prereferral team system: _____

_____

_____

_____

_____

Suggestions: (include staff development needs both for team members and referring teachers): _____

_____

_____

_____

_____

Figure 5

Portrait of
a
***Dysfunctional Family**

_____ Family is beset by multiproblems and unable to cope with its problems

_____ Family members do not relate to each other in a healthy way

_____ Famly members are isolated and alienated from positive support networks

_____ Family is faced with frequent crises which it consistently meets by breaking down

_____ Family feels angry, taken advantage of, and misunderstood by school system and all service agencies

_____ Family members are unable to handle their emotions

Kaplan, Lisa (1986). Working with multiproblem families. Lexington, Mass.: D. C. Heath and Company, Lexington Books

*One or more checked is sufficient for inclusion

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